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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/617,476	07/17/2000	Christine B. Sweetser	ANC07	7540

7590

02/19/2003

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EXAMINER

PORTER, RACHEL L

ART UNIT

PAPER NUMBER

3626

DATE MAILED: 02/19/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

09/617,476

Applicant(s)

SWEETSER, CHRISTINE B.

Examiner

Rachel L. Porter

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 17 July 2000.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-31 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-31 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☒ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- 11) ☐ The proposed drawing correction filed on _____ is: a) ☐ approved b) ☐ disapproved by the Examiner.
- If approved, corrected drawings are required in reply to this Office action.
- 12) ☐ The oath or declaration is objected to by the Examiner.

Priority under 35 U.S.C. §§ 119 and 120

- 13) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. _____.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- * See the attached detailed Office action for a list of the certified copies not received.
- 14) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).
- a) ☐ The translation of the foreign language provisional application has been received.
- 15) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☒ Information Disclosure Statement(s) (PTO-1449) Paper No(s) 2.
- 4) ☐ Interview Summary (PTO-413) Paper No(s). _____.
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: _____.

Recent Statutory Changes to 35 U.S.C. § 102(e)

On November 2, 2002, President Bush signed the 21st Century Department of Justice Appropriations Authorization Act (H.R. 2215) (Pub. L. 107-273, 116 Stat. 1758 (2002)), which further amended 35 U.S.C. § 102(e), as revised by the American Inventors Protection Act of 1999 (AIPA) (Pub. L. 106-113, 113 Stat. 1501 (1999)). The revised provisions in 35 U.S.C. § 102(e) are completely retroactive and effective immediately for all applications being examined or patents being reexamined. Until all of the Office's automated systems are updated to reflect the revised statute, citation to the revised statute in Office actions is provided by this attachment. This attachment also substitutes for any citation of the text of 35 U.S.C. § 102(e), if made, in the attached Office action.

The following is a quotation of the appropriate paragraph of 35 U.S.C. § 102 in view of the AIPA and H.R. 2215 that forms the basis for the rejections under this section made in the attached Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

35 U.S.C. § 102(e), as revised by the AIPA and H.R. 2215, applies to all qualifying references, except when the reference is a U.S. patent resulting directly or indirectly from an international application filed before November 29, 2000. For such patents, the prior art date is determined under 35 U.S.C. § 102(e) as it existed prior to the amendment by the AIPA (pre-AIPA 35 U.S.C. § 102(e)).

The following is a quotation of the appropriate paragraph of 35 U.S.C. § 102 prior to the amendment by the AIPA that forms the basis for the rejections under this section made in the attached Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in a patent granted on an application for patent by another filed in the United States before the invention thereof by the applicant for patent, or on an international application by another who has fulfilled the requirements of paragraphs (1), (2), and (4) of section 371(c) of this title before the invention thereof by the applicant for patent.

For more information on revised 35 U.S.C. § 102(e) visit the USPTO website at www.uspto.gov or call the Office of Patent Legal Administration at (703) 305-1622.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the application filed 7/17/2000. Claims 1-31 are pending. The IDS filed 7/17/00 has been entered and considered.

Claim Objections

2. Claims 16 and 22 are objected to because of the following informalities:
 - In claim 16, the applicant apparently misspells the word "prescription" on page 26, line 18. ("prescript information")
 - In claim 22, the applicant apparently misspells the word "computerized" on page 27, line 19. ("remote computerizes machines")

Appropriate correction is required.

Specification

3. Applicant is reminded of the proper language and format for an abstract of the disclosure.

The abstract should be in narrative form and generally limited to a single paragraph on a separate sheet within the range of 50 to 150 words. It is important that the abstract not exceed 150 words in length since the space provided for the abstract on the computer tape used by the printer is limited. The form and legal phraseology often used in patent claims, such as "means" and "said," should be avoided. The abstract should describe the disclosure sufficiently to assist readers in deciding whether there is a need for consulting the full patent text for details.

The language should be clear and concise and should not repeat information given in the title. It should avoid using phrases which can be implied, such as, "The

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disclosure concerns," "The disclosure defined by this invention," "The disclosure describes," etc.

4. The abstract of the disclosure is objected to because it exceeds 150 words.

Correction is required. See MPEP § 608.01(b).

Claim Rejections - 35 USC § 112

5. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

6. Claims 3, 18, and 28 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

7. As per claim 3, the function(s) performed by the recited "input identification device" are unclear. In particular, it is unclear to the Examiner whether the recited device merely accepts identification information from a user (e.g. password, fingerprints, account number), as the name suggests, or whether the device is used to generate a code for the client to use as a form of identification for himself/herself and the patient record, as is currently recited in lines 17-18 of the claim. For the purpose of applying art, the Examiner will interpret this claim to mean that the "input identification device" is a device the user to input identification information.

A similar analysis may be applied to the language of claim 18.

8. As per claim 28 recites the limitation "one of said clinical stations " in lines 2-3 of page 30. There is insufficient antecedent basis for this limitation in the claim. The Applicant does not refer to any of the many workstations included in the claimed system

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and method as "clinical stations." It is therefore unclear which workstations are included among "said clinical workstations." For the purpose of applying art, the Examiner will interpret this phrase to mean any of the computers (i.e. client, nurse, practitioner, or central system computer) mentioned in independent claim 1.

Claim Rejections - 35 USC § 102

9. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in a patent granted on an application for patent by another filed in the United States before the invention thereof by the applicant for patent, or on an international application by another who has fulfilled the requirements of paragraphs (1), (2), and (4) of section 371(c) of this title before the invention thereof by the applicant for patent.

The changes made to 35 U.S.C. 102(e) by the American Inventors Protection Act of 1999 (AIPA) do not apply to the examination of this application as the application being examined was not (1) filed on or after November 29, 2000, or (2) voluntarily published under 35 U.S.C. 122(b). Therefore, this application is examined under 35 U.S.C. 102(e) prior to the amendment by the AIPA (pre-AIPA 35 U.S.C. 102(e)).

10. Claims 1-3,6,7,14-18, 20-22, and 24 rejected under 35 U.S.C. 102(e) as being anticipated by Joao (US Patent No. 6,283,761). NOTE: Please see the attached sheet for recent statutory changes to 35 U.S.C 102(e).

As per claim 1, Joao teaches an advanced healthcare system for processing a number of clients in a client-driven and timely manner through a facility while providing quality healthcare at lower costs comprising:

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- a healthcare facility; (Joao: col. 2, line 63-col. 3, line 6)
- a computer network having at least one central system computer with a computer readable medium; (Joao: col. 14, line 59-col. 15, lines 6-53; col. 15, line 59-col. 16, line 18)
- a system computer program residing in said computer readable medium including instructions embodied in computer readable code for soliciting client information from a client regarding the client's health complaints and symptoms; (Joao: col. 19, lines 54-54; col. 19, line 67-col. 20, line 7)
- a real-time client record residing in said computer readable medium containing the client information in computer readable code; (Joao: col. 19, lines 32-40, line 65-col. 20, line 8)
- a plurality of client stations for receiving clients entering the facility having computer terminals connected in said computer network, an input device located at said client station connected to said computer terminal for inputting the client information to originate said client record, and a client station display monitor for displaying said medical queries whereupon client responses to said queries are input into said client record; (Joao: Figure 5; col. 14, lines 13-32, lines 49-58, col. 22, lines 11-63; col. 29, lines 29-55)
- a nurse station having a computer terminal connected in said computer network for accessing said client record and collecting vital signs and other laboratory information from the client, and a nurse station input for inputting said information into said client record in the form of lab data; and (Joao: col. 12, lines 22-42; col.

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13, lines 1-5; col. 16, lines 7-65; col. 19, lines 32-40; col. 23, lines 48-60; col. 25, lines 25-39—Joao teaches provider stations for collecting client data, vital signs and lab data/blood work and inputting this data into the patient record. The healthcare providers who use the system include nurses, as well as physicians, therapists, and other medical specialists.)

- a practitioner station at which a number of medical practitioners may be stationed for receiving the clients, said practitioner station having a computer terminal connected in said computer network for accessing said client record and display monitor for displaying said client record to one of the practitioners and the client during examination, and a practitioner station input for inputting exam data originating at said practitioner station for being input into said client record from said practitioner station;(Joao: Figure 4; col. 13, line 52-65; col. 20, lines 40-67; col. 21, lines 1-25; col. 23, lines 48-60; col. 24, lines 12-20; col. 25, lines 25-39, line 63-col. 26, line 6)
- whereby an integrated healthcare system is provided for processing a number of clients with increased client participation and education facilitating controlled cost and quality healthcare. (Joao: col. 18, line 50-65; col. 19, line 4-7)

As per claim 2, Joao teaches the system of claim 1 including a business station having a terminal for generating client insurance and business information for input into said client record in the form of computer readable business data. (Joao: col. 13, line 66-col. 14, line 12; col. 21, line 25-col. 22, line 10; col. 24, lines 33-43)

As per claim 3, Joao teaches the system of claim 1 as explained in the rejection of claim 1. Joao further teaches a system wherein said client station includes an input identification device for inputting a computer readable ID code identifying the client and a respective client record. (Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-55; see 112, 2nd rejection of claim 3) The client system includes a plurality of input devices to allow the client/patient to input identification information (e.g. social security number, account number) to access/create the patient record.

As per claim 6, Joao teaches the system of claim 1 as explained in the rejection of claim 1. Joao also teaches that the providers included among the networked users/clients of the disclosed system include various therapists, (col. 12, lines 22-42; col. 13, lines 1-7, lines 52-65) The Joao system also provides users with access to information on experimental treatments and alternative therapies. (col. 20, lines 9-19) (i.e. an alternative therapy station where the client may review alternative therapy options). Joao further discloses a computer terminal connected to the system computer for generating options data representing recommended alternative therapies including naturopathy, dietetic remedies, and other alternative therapies for input into the client record. (Joao: Figure 1; col. 17, lines 25-61; col. 20, lines 9-19; col. 26, lines 7-col. 27, line 8)

As per claim 7, Joao teaches the system of claim 1 including a printed, take-home report based on said client record generated by said system computer upon termination of the client process in the facility for the client to take home. (Joao: col. 20, lines 20-33)

As per claims 14, Joao teaches a system wherein the system computer program includes a series of questions that prompt a response from the client regarding the reasons for the client's visit and health complaints. (Joao: col. 19, lines 59-64)

As per claim 15, Joao teaches a system wherein computer program instructions prompt a "yes" or "no" response from the client in regard to the questions regarding the reasons for the client's visit and health complaints. (Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment)

As per claim 16, Joao teaches an advanced healthcare system for processing a number of clients in a client-driven and timely manner through a facility while providing quality healthcare at lower costs comprising:

- a computer network having at least one central system computer with a computer readable medium; (Joao: col. 14, line 59-col. 15, lines 6-53; col. 15, line 59-col. 16, line 18)
- a system computer program residing in said computer readable medium including instructions embodied in computer readable code for creating a real-time client record in computer readable code containing business and healthcare information; (Joao: col. 29, line 16-col. 30, line 21, lines 39-47)
- client data input into said client record including client responses to questions regarding the client's health state;(Joao: col. 19, lines 59-64;col. 28, lines 28-39)

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- said computer program including computer readable instructions for generating diagnostic information regarding possible diagnoses of the client's health state based on said client data; (Joao: col. 25, lines 25-62)
- lab data input into said client record from a networked nurse station which includes the client's vital signs and other clinical information; (Joao: col. 12, lines 22-42; line 58-col. 13, line 7; col. 23, lines 48-60 Joao teaches provider stations for collecting client data, vital signs and lab data/blood work and inputting this data into the patient record. The healthcare providers who use the system include nurses, as well as physicians, therapists, and other medical specialists.)
- a practitioner station having a computer terminal network with said system computer; and a display monitor for displaying said client record to a medical practitioner and the client during examination for joint collaboration; and (col. 13, lines 52-65; col. 20, lines 40-67; col. 28, lines 10-39)
- exam data input into said client record from said practitioner station including clinical and prescript[ion] information from said practitioner;(col. 25, lines 25-39, line 63-col. 26, line 9, lines 20-38)
- whereby an integrated healthcare system is provided for processing a number of clients with increased client participation and education facilitating controlled cost and quality healthcare. (Joao: col. 18, lines 50-65; col. 19, lines 4-7; col. 26, lines 10-19)

As per claim 17, Joao teaches a system of claim 14 including business information data input into said client record at a business station that includes client insurance and business information in computer readable form. (Joao: col. 21, lines 25-67; col. 22, lines 1-10; col. 25, 45-53)

As per claim 18, Joao teaches the system of claim 1 as explained in the rejection of claim 1. Joao also teaches a system wherein said client station includes an input identification device for inputting a computer readable ID code identifying the client and a respective client record. (Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-55; see 112, 2nd rejection of claim 18) The system includes a plurality of input devices to allow the client/patient to input identification information (e.g. social security number, account number) to access/create the patient record.

As per claim 20, Joao teaches the system of claim 18 including an ID input device for inputting said ID code from each of a client station, nurse station, and practitioner station for accessing said client record at each said station to input said client data, lab data, and exam data, respectively. (Joao: col. 12, line 58-col. 13, lines 7; col. 16, lines 4-18, lines 38-65; col. 19, lines 32-40; col. 23, lines 48-60 Joao teaches provider stations for inputting client data, vital signs and lab data/blood work into the patient record; col. 24, line 12-20; col. 25, lines 10-62; col. 26, line 9-col. 27, line 7) It is respectfully submitted that the ability of the providers (e.g. nurses, physicians) to retrieve and/or update the patient's medical records necessitates the entry of client identification information.

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As per claim 21, Joao teaches the system of claim 14 including alternative therapy option data input into said client record in computer readable form representing recommended alternative therapies including naturopathy, dietetic remedies, and other alternative therapies for input into the client record. (Joao: Figure 1; col. 17, lines 25-61; col. 20, lines 9-19; col. 26, lines 7-col. 27, line 8)

As per 22, Joao teaches a system wherein said lab data includes blood count and blood chemistry data input into said client record in computer readable form from remote computerize[d] machines connected in said computer network with said system computer. (Joao: col. 13, lines 1-5; col. 16, lines 7-32, col. 20, lines 51-67; col. 23, lines 48-60)

As per claim 24, Joao teaches a system wherein said system computer program includes a series of questions that prompt a "yes" or "no" response from the client regarding the client's health state. (Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment)

Claim Rejections - 35 USC § 103

11. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

12. Claims 5,25,27,28,30 and 31 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao.

As per claim 5, Joao teaches the system of claim 1 wherein the practitioner station includes a computer terminal, display, monitor, an input device for inputting said exam data, and an identification device for identifying the client to access said client record. (col. 13, lines 52-65—one or more healthcare providers; col. 15, lines 54-58—security; col. 16, lines 42-46—patient record with identification information/social security; col. 20, line 40-col. 21, line 24—provider stations; col. 23, lines 48-60; col. 25, lines 25-39; col. 40, lines 3-12—ID cards). Joao does not expressly disclose that the practitioner stations are located in a plurality of examination rooms, but does disclose that the providers/practitioners use their stations to record examination findings. (col. 25, lines 25-39) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to have provider stations stored in examination rooms. One would have been motivated to do this to facilitate the entry of comprehensive, accurate, and up-to-date patient information for access by other healthcare providers, payers, and other authorized parties. (Joao: col. 41, lines 41-55)

As per claim 25, Joao teaches an integrated healthcare process for processing a number of clients in a client driven and timely manner through a facility while providing quality healthcare at low cost comprising:

- providing a computer network, including at least one central system computer having a system computer program for soliciting client information from a client and creating a real-time client record as the client proceeds through the facility

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for healthcare; (Joao: col. 13, lines 29-38; col. 15, lines 18-47; col. 19, lines 32-40; col. 23, lines 26-39)

- initially creating a client record for a first time client by inputting client information and a client identification (ID) code into a client record data base, and subsequently accessing said client record on a subsequent visit and at different stations in the healthcare process by inputting said client ID to access and add information to said client record; (Joao: col. 25, lines 10-53; col. 26, lines 7-38, line 44-col. 27, line 45; col. 29, line 16-col. 30, line 21)
- displaying a series of questions regarding the client's health state on a display monitor at a client station, and inputting responses to the questions from said client station into said client record; (Joao: col.19, lines 54-64—questionnaires; col. 29, lines 16-55)
- accessing said client record at a nurse station by inputting said ID code, and conducting tests and blood work on the client at the nurse station and inputting information regarding the client's vital signs and other laboratory information into said client record; (Joao: col. 12, line 58-col. 13, lines 7; col. 16, lines 4-18, lines 38-65; col. 19, lines 32-40; col. 23, lines 48-60 Joao teaches providers stations for collecting client data, vital signs and lab data/blood work and inputting this data into the patient record. The healthcare providers who use the system include nurses, as well as physicians, therapists, and other medical specialists.)

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- accessing said client record at a practitioner station by inputting the client's ID code and displaying said client record to a medical practitioner; (Joao: col. 24, line 12-20; col. 25, lines 10-62; col. 26, line 9-col. 27, line 7)
- inputting exam data at said practitioner station representing healthcare information and prescriptions, if needed; (col. 19, lines 32-40; col. 23, lines 48-60; col. 25, line 25-col. 26, line 38)
- whereby an integrated healthcare process is provided for processing a number of clients with client participation and education facilitating an increased quality of health claim. (col. 18, lines 50-65; col. 30, line 39-col. 31, line 26)

Joao teaches the method substantially as recited in claim 1. It is respectfully submitted that the ability of the providers (e.g. nurses, physicians) to retrieve and/or update the patient's medical records necessitates the entry of patient identification information. Joao does not expressly teach that the client and practitioner access the patient record for joint consultation and collaborative decision making at the practitioner station, but does disclose healthcare providers retrieve patient medical history and diagnostic information when the patient goes to receive treatment. (col. 26, line 44-col. 27, lines 8) At the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to have the patient and the practitioner review patient diagnostic and/or treatment data jointly at the practitioner station. One would have been motivated to do this so that both may verify the accuracy of data provided in the patient's record as well as the appropriateness of the diagnostic and treatment information to avoid medical mishaps. (Joao: col. 26, lines 53-64)

As per claim 27, Joao teaches a process including accessing said client record at an alternative therapy station by inputting said client's ID code and inputting alternative therapy choices including naturopathy and dietetic remedies into the client record based upon the client's decisions at the alternative therapy station. (Joao: Figure 1; col. 17, lines 25-61; col. 20, lines 9-19; col. 25, lines 10-col. 27, line 57; col. 29, lines 16-55 (client ID information); col. 30, lines 48-col. 31, lines 10) Joao discloses that the providers included among the networked users/clients of the disclosed system include various (alternative) therapists. (col. 12, lines 22-42; col. 13, lines 1-7, lines 52-65, i.e. an alternative therapy station) The patient and/or provider then access the system to locate services and/or specialists to provide the treatments sought by the patient (i.e. selected by the patient).

As per claim 28, Joao teaches a process including inputting blood analyses data directly from computerized machines into said client records at a clinical station. (Joao: col. 19, lines 32-40; col. 23, lines 48-60—See 112,2nd paragraph rejection of claim 28)

As per claim 30, Joao teaches a process including displaying a series of diagnostic questions regarding predetermined health and disease states on a display for the client to respond to, and inputting the client's responses to the questions from said client station into the client record. (Joao: col. 29, lines 16-55)

As per claim 31, Joao teaches a process of claim 30 including processing the said client responses on the system computer and generating diagnostic data

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representing possible diagnoses of the client's health state and displaying said diagnostic data at the practitioner station. (Joao: col. 25, line 10-col. 26, line 19) Joao does not expressly disclose that both the medical practitioner and the client review the diagnostic data at the practitioner station, but does disclose healthcare providers retrieve patient medical history and diagnostic information when the patient goes to receive treatment. (col. 26, line 44-col. 27, lines 8) At the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to have the patient and the practitioner both review diagnostic and/or treatment data at the practitioner station. One would have been motivated to do this so that both may verify the accuracy of data provided in the patient's record as well as the appropriateness of the diagnostic and treatment information to avoid medical mishaps. (Joao: col. 26, lines 53-64)

13. Claim 4, 11, 19, and 26 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao in view of Mayaud (US Patent No. 5,845,255).

As per claim 4, Joao teaches a system including identification input devices, but does not specifically teach that the identification device comprises a fingerprint sensor for sensing the fingerprint of the client as said ID code. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and access rights to patient data. (Mayaud: col. 17, line 22-col. 18, line 23) It is respectfully submitted that the system's fingerprint recognition feature obviates the presence of a fingerprint sensor to recognize the fingerprint of the user. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the

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system of Joao with the teaching of Mayaud to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

As per claim 11, Joao teaches a system including identification input devices, but does not specifically teach that each of said client station, nurse station, and practitioner station comprises a finger insert sensor for reading the fingerprint of the client for generating an ID code for accessing the client record at each said station. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and a determining healthcare provider or client rights to access patient data. (Mayaud: col. 17, line 22-col. 18, line 23) It is respectfully submitted that the system's fingerprint recognition feature obviates the presence of a fingerprint sensor to recognize the fingerprint of the user. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with the teaching of Mayaud to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity at the provider and/or client stations. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

As per claim 19, Joao teaches the system of claim 18 as explained in the rejection of claim 18, but does not specifically teach that the ID code comprises finger print data

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identifying the client. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and determining healthcare provider or client rights to access patient data. (Mayaud: col. 17, line 22-col. 18, line 23). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with the teaching of Mayaud to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity at the provider and/or client stations. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

As per claim 26, Joao teaches a method including inputting a client ID from client station, nurse station, and practitioner stations (Figure 3 and 5; col. 12, lines 22-42; col. 16, lines 42-46; col. 20, line 40-col. 21, line 25; col. 22, lines 11-63; col. 29, lines 16-55; col. 30, lines 23-34), but does not specifically disclose utilizing a fingerprint identification of the client. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and access rights to patient data. (Mayaud: col. 17, line 22-col. 18, line 23) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Joao with the teaching of Mayaud to include fingerprint identification among the types of identification input used to authenticate a user's identity. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

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14. Claims 8-10 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao in view of Yokota et al (US Patent No. 5,713,350—referred to hereinafter as Yokota).

As per claims 8 and 9, Joao teaches the system of claim 1 wherein said nurse station (i.e. provider station) comprises a plurality of devices for allowing the healthcare provider to input blood results and vital sign information (Joao: col. 19, lines 32-40; col. 23, lines 48-60), but does not specifically teach which collection and input devices are included. Yokota teaches an integrated healthcare system that includes a plurality of blood sampling and computerized blood analysis machines connected to a network to collect blood results on a patient (Yokota: Figure 3 and 7; col. 6, lines 1-30; col. 9, lines 35-66). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with the teaching of Yokota to include blood sampling and blood analysis machines at the provider/nurses stations. One would have been motivated to do this to facilitate the entry of comprehensive and accurate patient information to other healthcare providers, payers, and other authorized parties and to provide an improved healthcare system that can provide up-to-date patient data to interested parties. (Joao: col. 41, lines 41-55)

As per claim 10, Joao teaches a system that includes computerized machines for inputting patient vital sign data but does not expressly disclose the types of machines included. (Joao: col. 19, lines 32-40; col. 23, lines 48-60) Yokota teaches a system that includes a hematology machine, blood pressure, pulse and temperature machine, and blood chemistry analyses machine connected directly to said system computer for direct

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input of said lab data. (Yokota: col.5, lines 6-25; col. 6, lines 1-30) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with the teaching of Yokota to include a plurality of patient monitoring and analytical devices connected to the network. One would have been motivated to do this to facilitate the entry of comprehensive and accurate patient information for access by other healthcare providers, payers, and other authorized parties and to provide an improved healthcare system that can provide up-to-date patient data to interested parties. (Joao: col. 41, lines 41-55)

15. Claims 12,13,23 and 29 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao in view of Campbell et al (US Patent No. 6,208,974—referred to hereinafter as Campbell).

As per claim 12, Joao teaches the system of claim 1 as explained in the rejection of claim 1. Joao does not expressly teach an emporium station, but does disclose that the invention is to be used as a clearinghouse for the offering, selling, buying, and/or trading of healthcare products. (col. 24, lines 44-48) Furthermore, the system includes "supplying parties" that provide products required and/or recommended for care (i.e. having a store section for the purchase of health supplements, col. 31, lines 10-45; col. 32, lines 11-46). The supplying parties are connected to the computer network allow users to request data on the availability of recommended/required products. Campbell teaches a system that includes an "emporium station" having a computer terminal connected in the network for accessing said client record (col. 21, line 30-col. 22, line 67, Figure 15 and 17) so that collaborative purchase decisions may be made

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while reviewing the client record, (Figure 15 and 17, col. 23, lines 43- col. 25, lines 60; col. 31, lines 16-3) and the emporium station including an emporium station input for inputting purchase data into said client record. (col. 24, lines 24-45) In the Campbell system, practice employees contact clients to help establish wellness plans (i.e. collaborative purchase decisions). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with the teaching of Campbell to include a system component/station to allow the user to review healthcare services/products and to input purchase decisions regarding selected healthcare services products. One would have been motivated to do this to provide additional valuable services to the various parties who seek healthcare-related products, goods, and/or services. (Joao: col. 41, lines 34-40)

As per claim 13, Joao and Campbell teach the integrated healthcare system of claim 12 as explained in the rejection of claim 12. Joao further discloses that the system includes educational videos to be viewed by clients and/or healthcare providers (i.e. viewing educational classes) (col. 18, line 50-65), but does not teach these educational classes as part of the emporium station. Campbell teaches a system that includes an emporium section wherein clients may view educational videos/classes. (col. 23, lines 61-67) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with the teaching of Campbell to the reasons provided in the rejection of claim 12.

As per claim 23, Joao teaches a system of claim 14 as explained in the rejection of claim 14. Joao does not expressly teach purchased health supplement

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data input into said client record in computer readable form from an emporium station, (Joao: col. 24, lines 44-48; col. 31, lines 31-45; col. 32, lines 20-46), but does disclose that the invention is to be used as a clearinghouse for the offering, selling, buying, and/or trading of healthcare products. (col. 24, lines 44-48; col. 31, lines 10-45; col. 32, lines 11-46). Campbell teaches a system that includes an "emporium station" for accessing the client record (col. 21, line 30-col. 22, line 67, Figure 15 and 17) and inputting purchase data regarding health supplements (i.e. supplements to health plan) into the client record. (col. 24, lines 24-45) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with the teaching of Campbell to include a system component/station to allow users to input purchase decisions regarding selected healthcare services products. One would have been motivated to do this to provide additional valuable services to the various parties who seek healthcare-related products, goods, and/or services (Joao: col. 41, lines 34-40) and to provide comprehensive, accurate, and up-to-date patient information to providers, payers, or other intermediaries who access the system. (col. 41, lines 41-55)

As per claim 29, Joao teaches a process including inputting the client's choices of nutritional supplements into client record selected by the client (Joao: col. 31, lines 31-45, line 66-col. 32-46), but does not expressly teach that the client enters selections based on the client's review of his/ her client record at an emporium station. Campbell teaches a system that includes an "emporium station" having a computer terminal connected in the network for accessing said client record (col. 21, line 30-col.

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22, line 67, Figure 15 and 17), making purchase decisions while reviewing the client record, (Figure 15 and 17, col. 23, lines 43- col. 25, lines 60; col. 31, lines 16-3) and for inputting purchase data into said client record. (col. 24, lines 24-45) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with the teaching of Campbell to include a system component/station to allow the user to review healthcare services/products and to input purchase decisions regarding selected healthcare services/nutritional supplement information products. One would have been motivated to do this to provide additional valuable services to the various parties who seek healthcare-related products, goods, and/or services (Joao: col. 41, lines 34-40), thereby facilitating the offering, selling, buying, and/or trading of healthcare products. (Joao: col. 24, lines 44-48)

Conclusion

16. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

- Evans (WO 98/13783) teaches a system for storing and updating electronic patient medical records.
- Goetz et al (US Patent No. 6,421,650) teaches a system and method for electronic medication management.
- Clark et al (US Patent No. 5,974,389) teaches a system for allowing multiple healthcare providers to access patient medical records.

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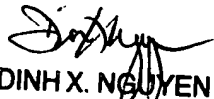
Any inquiry concerning this communication or earlier communications from the examiner should be directed to Rachel L. Porter whose telephone number is 703-305-0108. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703)305-9588. The fax phone numbers for the organization where this application or proceeding is assigned are (703)305-7687 for regular communications and (703)305-7687 for After Final communications.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is (703)308-1113.

RP

RP
February 10, 2003


DINH X. NGUYEN
PRIMARY EXAMINER